COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

IN RE: THERAPY SERVICES TECHNICAL ADVISORY COMMITTEE

May 19, 2020
8:30 A.M.
(All participants present via Zoom)

APPEARANCES

Beth Ennis
CHAIR

Renea Sageser
Linda Derossett
Dale Lynn
Emily Sacca
Kresta Wilson
TAC MEMBERS

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Judy Theriot
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Candace Crawford
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MEDICAID SERVICES

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Joanna Rhodes
AETNA BETTER HEALTH

Pat Russell
WELLCARE

Holly Owens
Shaun Collins
Carla Zachodni
Jennifer Eckelberry
Kathleen Ryan
ANTHEM

Crystal Roper
PASSPORT HEALTH PLAN

Aaron Brashear
Kathy Kauffman
HUMANA

Pam Marshall
MARSHALL PEDIATRIC THERAPY

Marcy Palmer
MARIPOSA THERAPY SERVICES

AGENDA

Welcome & Introductions

Review and approval of January minutes

OLD BUSINESS

1. Fee schedule posted mid-March - Any concerns? There were some reports of lower reimbursement
2. Follow-up on enrollment issues - Any difficulty with provider enrollment?
3. Question regarding ARCs and use of PT instead of opioids - Can PT visits be billed since daily rate does not include PT? Stephanie said yes. Question regarding whether ARC can bill this on top of daily rate (with PT as contract) or whether PT has to bill it separately? Abstract on pilot study submitted with agenda for Cabinet review.

NEW BUSINESS

4. Any issues with telehealth use or payment during COVID-19 pandemic? Medicaid or MCOs?
5. Specifics on billing guidelines from MCOs regarding telehealth?
6. Humana not covering telehealth?

Recommendations to MAC

Adjourn

DR. ENNIS: In the interest of time, we have four out of the six of us. So, we have a quorum. I am going to record this just so that we have a backup for our court reporter. That way we are good to go.

I'm going to start with introductions. What I will do is introduce TAC members first and, then, I will go around by first names that I have on the screen or identifiers that I have on the screen and ask you to un-mute and introduce yourself and your affiliation just so we get a record of who is on here.

I'm Beth Ennis. I currently serve as the Chair of the Therapy TAC. We have Renea Sageser. Kresta Wilson is a new member of the TAC, and Emily Sacca is also a new member of the TAC. Kresta is taking Jeff's place. Emily is taking Charlie's place.

So, TAC members that are not here yet are Dale Lynn and Linda Derossett. Dale just joined. So, we've got five out of the six.

(INTRODUCTIONS)

DR. ENNIS: And we just got our sixth member, Linda. Welcome. So, we're all here. Did I miss anyone?

As TAC members are speaking, it should pop you back. We are overlapping by one box to Screen 2. So, as people are speaking, it should pop them into the main screen.

I know we had to cancel our March meeting. I think just previous to that, I had sent out the January minutes. So, I know folks probably did not have a chance to review them but I will ask that you do that and let me know if there are any changes that need to be made to those minutes.

Some things left over from previous meetings. The fee schedule was posted just before our mid-March meeting was supposed to occur. Did any of the TAC members have reports of any concerns with the fee schedule this year? Did things get streamlined a little bit? No one heard anything. Good.

I did have one person comment that there was lower reimbursement on one or two of the codes but I never got any specifics from them on which codes they were.

MS. MARSHALL: Beth, it's Pam. I can speak a little bit to that. One question I had was for everyone to be uniform and understand the

timeline, when the new Medicaid fee schedule is submitted to the MCOs, they have a certain time frame to get that loaded, and I think it helps the members to just know what is that date, like, what is that timeline when they have to start paying that new fee schedule.

It's always been unknown and each MCO has a different timeline when they load it.

DR. ENNIS: My understanding, and someone from the Cabinet can correct me if I'm wrong, is that for the new year fee schedule, even if it doesn't get posted until March, they still have to pay that fee back to January submitted claims even if it's not posted until March. Am I correct in that? Someone from Medicaid want to respond?

MS. BATES: This is Stephanie. No, that's not necessarily true. It depends on what your contract probably says with the MCO. So, I'm not sure how your contract reads.

As a matter of fact, there's actually a part - and I can't remember off the top of my head - of our contract with the MCO that says they can't retro fees. And we kind of put that in there so they wouldn't go back and take back money, like, if fees are decreased. That can also apply the other

way around.

DR. ENNIS: The other way around. I thought there was a difference, Stephanie, between new codes added and ongoing codes.

MS. BATES: Well, now, new codes added, they have to cover a new code, of course, if we cover it; but as far as the fees changing and all of that, it could work both ways. We put that in there because we were having MCOs go back to 1/1 and pay less, like, recoup.

DR. ENNIS: Recoup.

MS. BATES: And, so, we wanted to stop that, but it could also work the other way around in that you can't get a higher reimbursement either.

DR. ENNIS: Okay, but it sounds like the schedule went out correctly this year. Dare I say that out loud.

MS. BATES: I say it's always correct, just trying to be funny. I mean, I don't know. I'm assuming it's correct. I didn't hear anybody complaining about that.

DR. ENNIS: And I hadn't gotten anything from any of my TAC members or any community members that said that they miscoded again a visit

code as a unit or a unit as a visit.

So, I think we're moving in the right direction. It sounds like we just need to put out some information through our associations that folks need to check their individual contracts with the MCOs to know kind of what that time frame is and we need to continue to help the State get that posted as quickly as possible at the beginning of each new year.

How is provider enrollment going? Any challenges for my TAC members?

MS. MARSHALL: This is Pam Marshall again. I think our biggest challenge - I could probably speak for anyone in the state that's trying to enroll providers - it's just the exhausting process is so different among the five MCOs. As far as Medicaid enrollment, that's going well online, but, overall, it is so burdensome because every process is so different.

We have one MCO that just hasn't been able to meet the timeline of ninety days and keep the provider effective and, then, how to clean up past claims when they're continuing to pay out of network or not paying at all.

It's a very big burden and I

think it consumes a lot of time trying to correct claim payment, trying to get providers enrolled properly. So, it would be great to have a uniform system.

MS. BATES: So, I just want to be clear because we're using words that actually mean something different. So, you're talking about actually credentialing and contracting and not enrollment.

So, enrollment is what happens at the State. Credentialing, and contract happens with the MCO. And we still do have soon the one CVO that's going to start at some point. It's just a matter of getting all the procurement and all that finished.

DR. ENNIS: Right.

MS. BATES: So, that should help with the credentialing aspect; but, at the same time, Pam, you're well aware that if there's somebody that's not compliant, that there's an avenue at the State for you to let us know, and we can't do anything about it if we don't know. So, we're happy to help if you do have someone that's not being compliant.

DR. ENNIS: And I'm sorry, Pam.

I muted you. So, just unmute if you need to. I was just getting some background noise.

We had brought up something and Stephanie was very good at responding to us. I sent some additional information prior to this meeting because there is a pilot study going on at some of the addiction recovery centers towards the eastern side of the state in management of pain related to opioids.

So, I sent the data in. The initial question was can PT be billed on top of the daily rate for the ARC because that's a bundled rate and PT isn't a part of that, and Stephanie gave us a yes for that.

The question now has come up, does the center have to bill that? Should the PT bill that separately? Could it be either way?

And, so, I guess we were looking for some guidance on that as we're trying to move forward because they're seeing some very, very positive results from the pilot.

Even having to resort to telehealth at the second end of the pilot, they're still seeing some really positive change in folks and shifting them from a direct treatment model to more

of a community-based model and tying it in with their treatment at the ARC.

So, I guess if we could get some yes, no, maybe at some point on how that should be billed, that would be wonderful just to provide those folks with some guidance.

It would be nice if the centers could bill it separate from their daily rate but let them bill it. It's just less of a burden on the PT to have to do that separately on top of everything else.

MS. BATES: What is the center? Would it be a BHSO or something?

DR. ENNIS: They're the addiction recovery centers.

MS. BATES: I don't think they can. Sharley, is that what you sent me?

MS. HUGHES: Yesterday?

MS. BATES: Who knows. I don't even know what today is.

MS. HUGHES: Beth had sent you the letter from different----

DR. ENNIS: That's a different thing.

MS. BATES: Did you send that in

writing, Beth?

DR. ENNIS: Yes, I did. When I sent Sharley the agenda for the meeting, I attached the pilot to it and I thought I had sent the question with it, but if I didn't, I'll send it again.

MS. BATES: You may have. Candace, that's something to take back to Charles. So, we'll get you an answer, Beth.

DR. ENNIS: I'd appreciate it.

MS. HUGHES: And I'll go back, Stephanie.

MS. BATES: I think the answer is no but I'm not for sure. I want to make for sure because we'll have to look at how our system will accept it.

DR. ENNIS: Sure.

MS. HUGHES: And, Beth, before you go on to the next one, I did just get an email from Lisa, Commissioner Lee to let you all know that she had a scheduling conflict and wasn't able to get on this morning.

DR. ENNIS: Okay. We appreciate her trying. I feel like I live on Zoom these days.

Okay. Moving on to some new things, given the current shift, have any of my TAC

members had any issues with telehealth use or payment during this lovely time that we're going through?

What I was hearing from the PT side was that things were going well with Passport, I believe WellCare. I don't remember that anyone had submitted anything to Aetna.

Humana initially was saying that it wasn't covered, but, then, just recently said, no, it is covered but we have to change our system because it's not accepting the O2 place-of-service code, etcetera. So, it was kicking back telehealth.

So, from what I'm hearing on the PT side anyway, people are still submitting their Humana claims but they're kind of getting pended for now until the system gets fixed.

MS. SAGESER: Yes, that's across the board but there are some other ones. Just like some people want 02. Some people want a different number. If you have Michelle P. On top of that, then, they want 989. So, there's just like different codes across the board. And, so, it makes it really hard for billing systems.

DR. ENNIS: I think the other challenge that we saw at the beginning was just kind

of a lack of understanding from the payors as well as the providers of what needed to go where because they wanted us to bill our regular codes, 9700 series, 9900 series, and, then, they said use the 95 modifier.

Well, the 95 modifier doesn't work with those codes. So, they were all getting kicked back and, oh, no, don't use that modifier. Either use GT or place of service 02.

So, we started keeping - and I don't know if the other associations did or not - we started keeping kind of a list of what the different payors were asking for as far as billing telehealth to put kind of a resource together.

But I will say - and this is not Medicaid specific - this is general specific - it really depended on who you talked to that day because we were getting different stories from different people at the same payor source.

But anything else related to telehealth and Medicaid, Renea?

MS. SAGESER: Well, I'm just going to say and I don't know if it goes with it, too, but First Steps is sort of split between Medicaid and, then, the other department, but there

were quite a few issues with getting First Steps set up.

And the other issue right now is they're still not accepting patients. So, our office is being flooded with parents who are wanting to get service but First Steps is not taking on any new patients right now.

DR. ENNIS: Did you get the email yesterday, Renea? They did just send out an email about----

MS. SAGESER: I didn't see it.

DR. ENNIS: They may have just sent it to evaluators yesterday because they are looking at a backlog of about four hundred kids to look at E evaluation because there are some standardized tests that just cannot be done over telehealth.

And, so, they're surveying all the evaluators in the state to see who is (a) able to do it over telehealth because it's got to be the secured, it can't be Facebook Live or whatever, and, (b) what access to the tools that can be done over telehealth they have.

So, I think they are gearing up to start virtual intake and televaluation. So,

hopefully, that will decrease that burden on you a little bit.

MS. SAGESER: Yes. That was my only thing is just making that comment. Even though I know it's sort of split between this Department and the other, Public Health, I didn't know if there was anything we could do. I know the reimbursement side of that was also frustrating for a lot of providers as well.

My other question to Stephanie Bates was, do we have any word on when home visits for some of our Medicaid patients who we see in the home, when we're going to be able to start. Has the Governor said anything about that opening back up?

MS. BATES: I don't know about that honestly, and I'm going to go back to First Steps. Just know that we have a contract with Public Health to administer that program, and obviously Public Health is overrun with a lot of other stuff right now.

DR. ENNIS: Absolutely.

MS. BATES: And I know everybody is patient but we're basically just a payor. And, so, you can understand it's pretty crazy with Public Health. No, I don't know, Renea, when the home visit

stuff - you know, we have a lot of members who obviously had a lot of home visits. And, so, that's kind of been challenging just across the board.

DR. ENNIS: I will say, though, I didn't think that home health in general was shut down.

MS. BATES: No, I don't think so. I mean, if it's an essential. It's just - you know, it's basically do the right thing. If you need something, right? It's just like any other service, if you have to go to the doctor. A lot of people aren't going to the doctor because they can wait, but it's the same thing with home visits.

DR. ENNIS: Because I know a lot of the home visit folks - not First Steps because that's a w hole other ball of wax - but were operating on kind of the same level as the clinics were, you know, emergent and urgent only initially and, then, gradually expanding, doing telehealth when it could be done because of patient exposure and those kinds of things.

So, we can look into it, Renea, but it may be something that is under that general health care expansion, be cautious but use your judgment kind of guidelines.

MS. BATES: Dr. Theriot, do you have anything to add with that? Dr. Theriot, you haven't heard anything about home visits or anything? It's more just if it's absolutely essential, you can proceed with it.

DR. THERIOT: With caution, that's correct. That's correct.

MS. SAGESER: Okay. And, then, the other thing while we're on First Steps, I know KSHA is sending a letter to First Steps and I think the PT association and, then, the OT did, but one of the concerns with the new contract was that in their contract, they are requiring all providers take all insurances if you want to be a provider for them.

And, so, that's kind of hard for some of us who also operate in a clinic setting where we have a few insurance companies we do not want to take the contract because the reimbursement is so low.

DR. ENNIS: Well, and it gets even more specific than that. It requires you to become an in-network provider or attempt to become an in-network provider which is to me borderline irresponsible because it impacts a lot of our clinics' finances outside of First Steps.

MS. SAGESER: Exactly.

DR. ENNIS: So, anyway, the associations can move that forward and see if we can----

MS. SAGESER: I didn't know if that was something that Stephanie Bates would be able to help us with as well. I didn't know.

DR. ENNIS: I don't know that they have to deal with the contracting, but, Stephanie, you can talk to that. I think they're just a payor.

MS. BATES: The way it works is - and First Steps is one of many programs like this where we pay another agency to administer it, but I think if you could articulate your questions or your concerns and put them in writing and send them to me, I can certainly get with them.

About half of the time, everybody just misunderstands. So, hopefully maybe it's just something like that that could be easily resolved. I don't know.

DR. ENNIS: No. It's legal verbiage in the contract.

MS. BATES: Right, but just----

DR. ENNIS: We'll send it.

MS. BATES: Just send it to me.

DR. ENNIS: Okay. Because this is an emergently-called meeting since we had to do it online and all those kinds of things, I'm not allowed to do additional things from the floor.

I would ask if there are questions, concerns, things like that that may be sent to the TAC and, then, we can forward them from there between now and our next meeting, similarly to how I sent the letter that was sent to me from our providers in the IDD community. So, that has been sent up.

That's what I sent to you, Sharley and Stephanie, yesterday was the concerns related to IDD.

MS. HUGHES: Correct.

DR. ENNIS: So, if there are concerns that are ongoing, please do continue to forward them and we will send them up in between meetings.

I'm really hoping that our July meeting doesn't have to be this way, but if it is, we know we can do it. We will have a Zoom link even if we are face-to-face for folks who can't get in to Frankfort if we're able to get back together.

If we're not, we will post another emergency meeting several weeks ahead. Sharley can help me.

MS. HUGHES: Beth, Lisa and I talked about this a little bit the other day with some concerns because even if state government, we all go back to work in buildings because we're all working from home now, most of us, we don't have meeting rooms that will allow us to do six feet apart.

So, that could create a problem with us continuing to do the TAC meetings even once we go back in the building as long as the social distancing is in place.

DR. ENNIS: Well, we can continue with this method if we need to. I have no problem with that.

MS. HUGHES: Okay.

DR. ENNIS: The majority of our TAC members were joining this way anyway. I was just hauling my butt in per regulation to be in Frankfort so that we could be official. So, I'm quite happy not to drive down 64, to be honest with you.

MS. DEROSSETT: Beth, I have one question. Back on the telehealth, are there any other

TAC members who are billing facility or is it just me?

DR. ENNIS: I think Emily would be the only other one.

MS. SACCA: We are currently not doing any telehealth with our hospital-based clinics. Our sister component here with the Bluegrass Medical Group that bills as professionals, they are doing telehealth but our facility charters, we're not set up, unfortunately, that way through our documentation system along with all the fun modifiers and everything that get kicked back.

So, our volume from our hospital clinics has stayed relatively consistent. So, there wasn't from a clinic need to actually go down that road.

DR. ENNIS: Are we having issues billing as a facility, Linda?

MS. DEROSSETT: Like everybody said on the other side is it is just like every payor wants something just a little bit different, like when you bill UV, you don't do the place of service, and even one of them was saying even change the revenue code to a 780 revenue code but that's the only one. Everybody else wants a different modifier.

I'm just wanting to know any ideas or any recommendations.

DR. ENNIS: Most of the billing offices that I know are keeping a list.

MS. BATES: Are you talking about Medicaid payors only or are we combining all payors in this conversation because Medicaid put out some pretty detailed guidance. And, so, the MCOs, the Medicaid MCOs should be requiring the same thing as we are.

So, I'm a little confused about what are we talking about here?

DR. ENNIS: Each of the MCOs had a different----

MS. BATES: And has that been sent to us because, again, we do not know anything unless we're told.

DR. ENNIS: I don't think it was sent in, Stephanie, because each of the commercials are requiring their own thing, too. So, it was kind of the nature of business at this point and everybody's billing offices just started keeping lists of, okay, Humana MCO wants it this way, Aetna wants it this way, State Medicaid says do this. So, they've just kind of rolled with it at this point.

MS. BATES: Well, I'm just saying that in order for us to do proper tracking the way that we have told them to do it, I'd like to know if they're not doing it the way that we told them to do it.

DR. ENNIS: I'll see if I can get a list of the different requirements at this point. TAC members, if you have different ways that you're billing the different MCOs and the State, please send them to me.

MS. BATES: The MCOs that are on the call, I would urge you to go back and look, but the guidance that we sent is what should be adhered to. I realize that we started doing a lot more telehealth and things got a little crazy, but we also need to make sure that we're doing the right thing.

MS. DEROSSETT: I think a lot of the guidance was geared towards the 1500 or the private a lot more.

DR. ENNIS: And not the facility?

MS. DEROSSETT: That's what our billing has said but I'm just relaying some information; but if anybody has a master list, that would be awesome or the TAC members or any other

member of the State.

DR. ENNIS: I'll see what we can pull together.

All right, guys. Keep things pushing forward. I think at this point, we plan on doing this in July. So, about three or four weeks before, we will call a special meeting and we'll put it up there, but please send things in the meantime and we can send them up and keep people's concerns being looked at as we move forward.

I know it's been crazy. I know everybody has been kind of rolling with it trying to figure it out as we go along, but I think we're kind of at a I'm going to find all kinds of wood as I knock and say stabilizing point. And, so, hopefully, we can continue to kind of solve the issues as we move into what's the new normal.

All right. Thank you, everybody, for being on today. Appreciate it. And, Sharley, if they have any comments, questions, concerns about what I sent yesterday, I did attach an email for the person who sent it to me, and I'm happy to answer questions as well. So, just have them let us know.

MS. HUGHES: Okay. Thank you.

DR. ENNIS: Thank you. The meeting is adjourned.

MEETING ADJOURNED